2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005575

FILED Mar 23, 2004 Secretary of State

Entity Name: COUNTRY CROSSINGS AT SPRING RIDGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR. 434, #5000 LONGWOOD, FL 327795044 **Current Mailing Address: New Mailing Address:** 2180 WEST SR. 434, #5000 LONGWOOD, FL 327795044 FEI Number: 59-3612584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W. SR 434, STE. 5000 LONGWOOD, FL 32779 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FRAISER, CLARENCE F MARBURGER, BILL Name: Name: 1548 LANCASTER TERR Address: 818 KAMCHATKA CT Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: APOPKA, FL 32712 (X) Change () Addition Title: () Delete Title: GRINDSTAFF, MICKEY Name: PEARSON, JAMES Name: Address: 1548 LANCASTER TERR Address: 802 GRAND SAYAN LOOP City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: APOPKA, FL 32712 Title: Title: TD (X) Change () Addition () Delete SUTER, MAX PARKER, SCOTT Name: Name: Address: 1548 LANCASTER TERR Address: 2252 PELINION ST City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: APOPKA, FL 32712 Title: () Delete Title: () Change (X) Addition Name: Name: ODOWD, STEPHEN 605 E ROBINSON ST STE 750 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32801 Title: () Delete Title: () Change (X) Addition SCHILLING, LISA Name: Name: 2425 CERBERUS DR Address: Address: City-St-Zip: City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL MARBURGER PD 03/23/2004